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ABSTRACT

This workshop discussion paper addresses the issue of professionalism in school-age care. After explaining that "professionalism" means different things to different people and offering a brief history of professionalism, the paper provides a working definition of a professional: Someone who operates out of a theory base, someone who not only knows what to do, but why. Differences between professionals and paraprofessionals are illustrated through a brief example. The paper outlines 13 characteristics which, when in place to some degree, an occupation becomes a profession. Those characteristics are: (1) societal acceptance; (2) preservice training; (3) non-academic occupational socialization; (4) continuing education; (5) sharing of values, preferences, norms; (6) altruistic responsibility; (7) symbols of professional unity; (8) code of ethics; (9) regulated admission; (10) certification and re-certification; (11) legally imposed penalties; (12) power and autonomy from within; and (13) relationships with other vocations. The conclusion challenges school-age caregivers to take the initiative and steps necessary toward professionalism. Each section of the paper includes discussion questions. (TJQ)

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A School-Age Care Profession: To Be or Not To Be

Written by Jim and Laurie Ollhoff

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The Many Faces of Professionalism

Professionalism means many things to many different people. To some, professionalism simply means that they excel at a particular skill, as in, "I'm a professional, don't try this at home."

For many people, professionalism is pejorative, meaning a set of cold, sterile techniques so that professionals can distance themselves from lay people. Being a professional is to be aloof and superior.

Sometimes, when people say professionalism, they mean a person who gets paid for their job. "So-and-so is a professional because they get paid, while this person does not get paid, and is therefore a lay person."

Some people use the word professionalism to describe ethical values. "That was very unprofessional," is a phrase that assumes that being a professional is associated with a particular way of acting.

For some people professional describes a way of dress; for some it means going to college; for some it means being part of a vocational association; for some it means being an expert; for some, it simply refers to the job you do—a job that holds no passion or enjoyment, but it provides a paycheck.

Professions in History

In the Middle Ages, the first universities had three professions: medicine, law, and theology. These were the only courses of study in which a person could excel and receive a doctorate.

People in the Colonial period of the United States had a need for doctors, lawyers and clergy, but there was no training yet available. Those who wanted to study at the universities had to go back to Europe. Consequently, only the very rich could afford to attain the status of a professional. The students returned with a European aristocratic sense.

Apprenticeship programs began after the Colonial period. A person could work with the doctor, living and working beside the professional, and learn the work of the doctor. Most importantly, the apprentice had access to the personal libraries of their mentor, the professional.

We continue to wrestle with the questions raised by the history of and practice of professionalism.

In the late seventeenth century, a few colleges began to be built, primarily for education of the clergy. In the nineteenth century, professional schools began to emerge as places to train for the professions. A person was expected to graduate from a university *and then* go on to the professional school to become a doctor, lawyer, or clergy.

The professional schools used lecture instead of a hands-on training. A competition developed between the apprenticeship model and the lecture/professional school model. Apprentices spent little or no time in the classroom. Professionals spent a great deal of time learning foundational theory and associated knowledge. By the early twentieth century, as other professions began to emerge, there began a movement toward required graduate education.

We continue to wrestle with the questions raised by the history of and practice of professionalism.

Questions for Discussion

1. Is the body of knowledge associated with SAC best served by apprenticeship models or professional school models?

2. Should school-age care site supervisors be trained on an apprentice model or a professional school model?

3. Should school-age care program supervisors/lead teachers be trained on an apprentice model or a professional school model?

4. Should school-age care program aides be trained on an apprentice model or a professional school model?

5. What would be the advantages and disadvantages of having people at each SAC site with master's degrees in school-age care?

Our Definition of Professionalism

When we talk about *professionalism* in this monograph, we are not referring to any of the definitions outlined above. *Our definition is someone who operates out of a theory base.* A professional knows what to do, but more importantly, knows why. The professional has a deep base of knowledge and theory, and draws on it for every situation. When confronted with a totally new situation, they are able to reach down into their theory and extrapolate what should work. When they try it, they can evaluate whether it worked or not, and then work to understand why it worked or why it didn't.

We could contrast the professional with the paraprofessional. The paraprofessional does not have good training, and does not have a background in theory. They are able to copy techniques that they have seen others do, but they cannot generate their own responses because they have no theory base. When confronted with a totally new situation, they can only apply some old technique to try and achieve some kind of tacit, not-thought-through standard.

Our definition (of professional) is someone who operates out of a theory base.

For example, two adults provide care for the children in one room of the child care site. One adult, Keandra, has a BA in child development, and is a continuing and self-reflective learner. The other, Donna, is a high school graduate, resists workshops and in-services, and is a superficial and non-

reflective thinker. Little Ryan, a troubled first-grader, flings himself into a tower that six other children have been building for the last half hour, and a melee erupts. Little Ryan fights and thrashes for his life, until angry adult hands pull him from the chaos. Donna, the paraprofessional, gets down to eye-level with Ryan (She has often seen Keandra do that). But Donna's goal is a tacit, not-thought-through goal: to stop the misbehavior. So Donna yells at Ryan, believing that the louder and angrier her voice, the better chance he will stop the inappropriate behavior. The behavior stops temporarily, and so Donna believes with more conviction than ever that louder and angrier is a better way to discipline children.

Keandra, on the other hand, knows that the goal of stopping the misbehavior is not the only goal. While Ryan's behavior must stop, the adult response must also protect Ryan's self-esteem, keep that behavior from happening again, and defusing any residual misbehavior intent.

Donna's response, of screaming and yelling, has caused several unwanted reactions. *First*, since the adult plunged into the middle of the situation and took Ryan out of it. Donna provided no closure or reconciliation, and did not identify the reason they were fighting. Therefore, Ryan still wants to finish it. He will be making plans to continue the fight with the other children.

Second, Donna's harsh attack made a hit on Ryan's self-esteem. Lowering self-esteem is the quickest way to violent behavior, and know Ryan is more prone to it than before because of Donna's technique of lowering self-esteem.

Third, Donna's response of yelling in front of the other children deeply shamed Ryan, and he will be making plans to take revenge on Donna. *Fourth*, her intervention and the imposition of her will to solve the problem reinforces Ryan's belief that misbehavior is the adult's problem, rather than his own. This would have been an opportunity to teach conflict resolution skills, and help Ryan see that he is responsible for his own behavior, but instead, Donna absolved Ryan of responsibility.

Fifth, Donna's shouting and yelling invited the other kids to misbehave, to push the envelope until she loses her cool again. If Donna has a few more outbursts like that, she will find herself never being able to control the children unless she is shouting. The children will now think, "she won't do anything to us until she yells first. That's our clue to do what she wants."

So therefore Donna, believing she has succeeded, has in actuality made her life much more difficult because of her inability to evaluate or make informed decisions.

Keandra, when faced with a similar situation, would have stopped the fight, helped bring resolution and reconciliation, and then calmly talked with Ryan about his outburst. She required that he endure the consequences of his own behavior.

Keandra sees the big picture. She knows child development theory and can construct consequences that will not hamstring her long-term success. She is able to know, from her base of knowledge and theory, what to do in this situation.

Donna was only able to apply random techniques. Keandra was able to apply the proper technique, logically extrapolated from her base of theory.

Paraprofessionals, without a base in theory, can only do what they have seen others do. They can only do techniques, without an understanding of why they work. Paraprofessionals cannot survive in a changing environment. Professionals, who never stop learning, are able to move with the variables of the changing environment.

Questions for Discussion

6. In your own words, what is the difference between a professional and a paraprofessional?

7. In what kinds of child care situations would it be helpful to have a theory base?

8. In what kinds of child care situations would it be unnecessary to have a theory base?

9. What kind of academic disciplines would a theory base of child care encompass?

Paraprofessionals cannot survive in a changing environment

The Characteristics of Professionalism

Professionalism is not an award, granted to a group of people who do something wonderful. It is not a final resting place. Professionalism is not a state of grace.

Professionalism is a journey, it is a path, with specific markers on the path. Several different social science researchers have given characteristics of professionalism—the markers on the road. Increasingly reaching these characteristics and reaching them more intimately is the path of professionalism.

Right now, school-age care is an occupation, a vocation, and a career path, but it is not a profession as social scientists define the word *profession*. School-age care-givers all over the world are doing creative, high-quality work, but that does not make the field a profession, as the concept is defined by social scientists.

Conversely, many professionals are doing work that is ineffective or deceptive. Some medical doctors, for example, have not kept up on the literature, some misdiagnose frequently, some are addicted to chemicals, or are mentally ill. But the field of medicine is still a profession. The concept of *profession* describes the state of the field, and whether certain characteristics are being met.

Keyne's work on professionalism (adapted slightly) lists thirteen characteristics of a profession. When these are in place to some degree, the occupation has become a profession.

1. *Societal acceptance.* This means that the society recognizes the profession as a profession. Everyone knows the profession provides a vital service to society, and there is strong support for the profession's needs. The society holds the profession to a higher ethical standard than other occupations.

2. *Preservice training*. Professions must have a period of time, before the members enter the work force, where training for that profession occurs. This is the time when the future professional learns what it means to be in that line of work. Preservice preparation is usually a baccalaureate or a master's degree in the particular field.

3. *Non-academic occupational socialization*. Each profession, not only in their preservice training but also in other kinds of experiences, continue to shape and mold students with a variety of forces generated by the profession. For example, people studying to be psychiatrists themselves undergo psychoanalysis. This is non-academic training, but it is a socialization process that helps them understand the profession and meet with its requirements. Students training to be clergy sit in dorm rooms and bandy about theological concepts. Any non-classroom activities that help students prepare for their future role are socialization influences.

4. *Continuing education*. The strength of any profession rests primarily on the continued growth of its members. Bits of information last about three years before they become obsolete. New information is constantly being generated and woven into the existing information. Occupations that do not continue their education cannot become professions, because there would be a woeful lack of credibility and information about current practice. Research shows that the more continuing education a person has, the greater role clarity that person experiences.

5. *Share values, preferences, and norms*. There is a certain commonality among members of a profession. When a situation requiring a response occurs, it would not be unlikely that two members of a profession would respond to the situation in the same way. There are certain preferences toward responding in a particular way, certain ways of doing things, and certain values that are held by most of the members of the profession.

6. *Altruistic responsibility*. Members of the profession have a sense of calling about their work. It is not just a job, it is a place where people can be helped and the human condition improved. Doctors take the Hippocratic oath, promising to alleviate suffering and consider only the benefit to the patient. Many attorneys are required by their firms to do *pro bono* work—legal counsel for those who would be unable to pay.

The concept of "Profession" describes whether certain characteristics are being met.

7. *Symbols of professional unity*. Members of a profession have common symbols that unite them. They may have a vocabulary of words that the layperson would not understand. They have collective heroes that they revere, and perhaps villains that they revile. They have some particular symbols that will identify them—a uniform, a patch, a logo, or something that reveals their identity.

8. *Code of ethics*. A written code of ethics is a document detailing the behavioral dos and don'ts of the profession. For example, the code of ethics for psychologists state that it would be unethical for a psychologist to reveal information about a client for frivolous reasons; it states that it is unethical for a psychologist to date a client. The codes of ethics outline the behavior that is expected of each of the members of the profession.

9. *Regulated admission*. The profession decides who is admitted into the professional training. Professionals want to let only the best into their consortium, and so people who apply, without meeting minimum standards are not allowed to study for the profession. The most common way this is done is the grade-point average.

10. *Certification and recertification.* The profession not only controls who studies for the program, but they control who becomes certified to practice. For example, attornies can study for their entire lives, but until they pass the Bar, they are not allowed to legally practice. Professions certify those who they regard as good-enough to practice. Professions also control the recertification process. Nurses for example, must undergo a certain number of re-training hours per year or they lose their certification and are unable to continue their practice.

11. *Legally-imposed penalties.* Penalties are doled out for those who breach the ethics code. That penalty may be removal from the profession and renouncing of the certification to practice. The guilty party has no legal recourse when they have been removed from the profession (they may dispute the breach of ethics, but if the breach is a settled issue, they are not allowed to sue the profession to get back in).

12. *Power and autonomy from within.* Professions can make their own decisions about their future. They have taken the initiative to make intelligent choices about the nature and functioning of their work, and they now live with the consequences of their decisions. When legislature needs to be drafted, the members of the profession are consulted to direct the wording and the consequences of the laws. When legislators, for example, make laws regarding medicine, it is medical doctors who actually write the laws. The profession itself directs its own destiny.

13. *Relations with other vocations.* Professions develop ties and connections with allied vocations. School-age care-givers may find mutual benefit to some kind of information-sharing and cooperation with early childhood workers and elementary teachers. The fields of school-age care and family education will find help by sharing resources and expertise. Cooperative projects and the sharing of knowledge are the keys.

Questions for Discussion

10. Are there any characteristics that you wonder about? Any that you don't know why it is a characteristic of professionalism?

11. In regard to *societal acceptance*: Does society accept school-age care? Do they respect it? Value it? Regard it as a profession?

12. In regard to *preservice training:* What kinds of preservice study are accepted in SAC? What should be accepted? What should be available?

13. In regard to *non-academic occupational socialization*: What kinds of non-classroom activities should be available to future SAC workers? What kinds of activities should be required of SAC workers?

14. In regard to *continuing education:* Are the standards for continuing education for MN too low? Too high? If you could write a law for the continuing education of SAC providers, what would the law say?

15. In regard to *shared values, preferences, norms*: What are the top ten values that SAC providers hold?

16. In regard to *altruistic responsibility*: Do SAC workers have a sense of calling, or is this a career path that people fall into?

17. In regard to *symbols of professional unity*: Do we have a symbol of professional identity? What might be a symbol we could use to identify ourselves?

18. In regard to a *code of ethics*: What would such a document say about confidentiality? About treating misbehaving children? About staff training? About the types of activities we do? What problem areas might it address? How might such a document protect SAC workers?

19. In regard to *regulated admission into a preservice program*: What criteria would we use—before they became a SAC worker—to determine if they would be a good choice for to study to be in SAC?

20. In regard to *certification and recertification*: On what basis would we recreative someone? What things would they have to do or not do that would justify recertification or a denial of certification?

21. In regard to *legally-imposed penalties*: What would be an ethics breach significant enough to justify revoking someone's licence to practice?

22. In regard to *power and autonomy*: If SAC leaders and field personnel don't speak up, who might start speaking for the profession? Would there be an advantage in someone else directing the SAC profession?

23. In regard to relations with other vocations: What kinds of cooperative ventures would help us? What might early childhood have to offer us? Family education? Elementary school teachers? Other?

24 Do you think we are on our way toward meeting the characteristics? Will we ever meet all the characteristics?

A Plan of Action

The first question, of course, is do we want to become a profession? There are advantages and disadvantages toward working to become a profession. One thing is sure: to not make a decision is to decide to be a paraprofessional.

There are a number of things that need to happen to get us on the road to professionalism. We need a standardized BA program in SAC, a master's degree in SAC, and people getting PhDs in the field. We need original research to generate knowledge and theory. We need people to do substantive, theory-based writing. We need employers of SAC staff to begin working with a salary model that supports continuing education and experience with lane changes and benefits. We need accreditation agencies and standardized evaluation procedures. We need aggressive leaders as well as members of the field talking about the professionalizing process.

If we decide to indeed become a profession, then we must make a course of action. But the course of action will differ depending on whether our paradigm for the professionalizing process is linear or systemic.

A linear view means that we look at all the things that need to happen to start us on our way toward professionalism. And we believe that there is a proper order to them. First we must do A, and once that has been completed, we start to work on B. If we do all things in their proper order the rest will fall into place. The linear view is neat and logical.

A systemic view of the professionalizing process means that we see all those things as connected. To accomplish one of them is to make all of them easier to accomplish. To do one is to affect the rest; to fail at one is to make the rest more difficult. A systemic view is chaotic, and all things happen at once.

Many things can be done by individuals to support the professionalizing process. Support gatherings and conferences, and encourage debate on professional issues. Write letters to colleges, legislator, and leaders in the field. Support continuing education for your staff and engage in it yourself. Be professionally competent at your own site, in your own work.

The critical issue is that we continue to make intentional, very tiny steps in the direction we want to go.

Conclusion

If we decide that we want to become a profession, then every single thing we do in child care will make a difference. Our interaction with parents, the ways we program with children, the ways we relate to colleagues, all take us either in the direction of professional or paraprofessional. No one thing will make a change overnight. But the critical issue is that we all continue to make intentional, very tiny steps in the direction we want to go.

Questions for Discussion

25. Do you want the field of SAC to work to become a profession?

26. Do you have a linear or a systemic paradigm?

27. There has been much research on professionalism in teaching. Fully prepared teachers are more highly rated by students and colleagues than underprepared teachers and aides; And fully prepared teachers tend to be more successful with students than teachers without licensing. Will these research findings be true in school-age care? Why or why not?

28. What are some of the other things that an individual school-age care provider can do at their individual sites to increase the professionalizing process?

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